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**INTERGOVERNMENTAL AGREEMENT
BETWEEN
THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION AND
THE WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

CONTRACT AMENDMENT NO. 1
TO
DSHS CONTRACT NO. # 0462-67307

DSHS Contract # 0462-67307 (Contract), entered into by the **DEPARTMENT OF SOCIAL AND HEALTH SERVICES** (Department) and **THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION** (Tribe), the Contract is amended as follows:

In accordance with Section IV of the Contract, the Department and the Tribe committed to jointly developing processes and procedures for reconciliation, measurements of success and a reporting mechanism for State MOE funds. The Department and the Tribe have reached an agreement on these provisions, which is attached and incorporated as Exhibit A-1.

In Section X of the Contract, it incorrectly stated the period of performance as November 1, 2004 through September 30, 2007. The correct period of performance for the Contract is November 1, 2004 through October 31, 2007. Section X of the Contract is hereby amended to reflect this corrected period of performance.

ALL OTHER TERMS AND CONDITIONS OF THIS CONTRACT REMAIN IN FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, DSHS and the **CONFEDERATED TRIBES OF THE COLVILLE RESERVATION** have executed this amendment.

By: Harvey Moses Jr.

Title: Chairman, Confederated Tribes of the Colville Reservation

Signature:  Date: 8/18/05

By: Robin Arnold-Williams

Title: Secretary, Department of Social and Health Services

Signature:  Date: 8/17/05

By: Deb Marley

Title: Assistant Secretary, Economic Services Administration

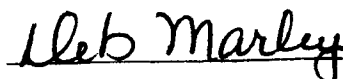
Signature:  Date: 8-10-05

EXHIBIT A-1

THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION AND THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

A) Reconciliation: The Tribe and the Department have agreed:

The Tribe and the Department will conduct a quarterly reconciliation process for all Native American or Alaska Native Assistance Units (AU's) eligible for and transferred to the Tribe based on the Tribe's service area but served by the Department during the Agreement period.

Adjustments will be made pro-rated monthly based on the annual costs per case of \$7,007 per AU. The reconciliation shall be from state funds and shall not exceed the maximum consideration of this agreement. The adjustment will be made to each quarterly State MOE payment.

B) State Maintenance of Efforts (MOE) Reporting: The Tribe and the Department have agreed to the following mechanism to report to the Department how the Tribe has used the State's MOE funds and the number of eligible families served with the funds:

To report the State MOE funds and the number of families served, the Tribe will complete and submit quarterly to the Department the following reporting forms. The number of families served (caseload) will be reported using the "Tribal Quarterly Report" (form # WA-TT-01) that is attached and incorporated as Attachment "1". The State MOE funds used will be reported using the form "State MOE Tribal TANF Expenditure Report" (Form # WA - TT02) that is attached and incorporated as Attachment "2".

C) Measures of Success: The Tribe and the Department have agreed to the following for measures of success:

To report measures of success, the Tribe will complete and submit to the Department the following form: Reporting form, "Measures Quarterly Report", that is attached and incorporated as Attachment "3". The Tribe will submit this document to the Department quarterly. Annual data will be included on the report for the fourth quarter.

The Tribe and the Department have agreed to the following program goals and measures of success:

Goal 1: The Tribe will meet or exceed the program goal for the number of annual cases leaving TANF due to earnings of # ____.

Measure: Success will be measured using the case data reported by the Tribe. The Tribe will count the cases monthly and include this data in the Measures of Success Quarterly Report form. The actual number of cases is determined by totaling the monthly number of cases that terminated TANF due to earnings during the Federal fiscal year.

Goal 2: The Tribe will meet or exceed the program goal for the number of annual cases placed in Job Training WEX of #_____.

Measure: Success will be measured using the case data reported by the Tribe. The Tribe will count the cases monthly and include this data in the Measures of Success Quarterly Report form. The actual number of cases is determined by totaling the monthly number of cases that were placed in Job Training WEX during the Federal fiscal year.

Goal 3: The Tribe will meet or exceed the program goal for an annual work participation rate of 31 percent for Federal fiscal year 2005, 32 percent for Federal fiscal year 2006, and 33 percent for Federal fiscal year 2007.

Measure: Success will be measured using the data reported by the Tribe. The Tribe will report the work participation rate monthly in the Measures of Success Quarterly Report form. The actual participation rate is calculated based on the monthly average of the Tribe's participation rate for the Federal fiscal year.

Goal 4: The Tribe will meet or exceed the program goal for the annual number of cases receiving alternative sources of income or assistance of #_____.

Measure: Success will be measured using the case data reported by the Tribe. The Tribe will report the number of cases receiving alternative sources of assistance or income monthly in the Measures of Success Quarterly Report form. The actual number of cases is determined by totaling the monthly number of cases receiving alternative sources of assistance or income during the Federal fiscal year. This measures alternatives to TANF assistance and employment income. Alternative sources of assistance are identified as VA benefits, foster grandparent program, unemployment compensation, child support, L & I benefits, and "other" sources of income.

Goal 5: The Tribe will meet or exceed the program goal for the annual number of cases receiving incentive awards for achievement of #_____.

Measure: Incentives are awarded based on the removal of barriers or completion of steps towards self-sufficiency:

- Improved grades and attendance
- Obtaining a driver's license
- Earning a High School Diploma or GED
- Participants who are working and have excellent attendance and job performance
- Completion of alcohol or drug program
- Completion of Nursing Assistant Certified (NAC) course
- Completion of Fire Management Training
- Attending Alcoholic Anonymous or Narcotics Anonymous meetings
- Mental Health Counseling
- Attending School meetings i.e. Parent/Teacher Association meetings
- Training seminars
- Other achievements which lead to barrier removal and self sufficiency.
- (Cases in sanction status cannot receive the incentives)

Success will be measured using the case data reported by the Tribe. The Tribe will report the cases receiving incentives for achievement monthly in the Measures of Success Quarterly Report form. The actual number of cases is determined by totaling the monthly number of cases receiving incentives for achievement during the Federal fiscal year.

Goal 6: The Tribe will meet or exceed the program goal for the annual number of recipients leaving TANF within 6 months of #__.

Measure: Success will be measured using the case data reported by the Tribe. The Tribe will provide the cases terminating TANF within six months of starting assistance quarterly in the Measures of Success Quarterly Report form. The actual number is determined by totaling the quarterly reported cases during the Federal fiscal year.

**Washington State Department of Social & Health Services
Economic Services Administration**

Attachment 2

Form # WA - TT02 (5/03)

State MOE Tribal Temporary Assistance for Needy Families (TANF) Expenditure Report

Tribal Name and Address	CURRENT FEDERAL FISCAL YEAR	CURRENT QUARTER ENDING	COMMENTS
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px; text-align: center;"> STATE CONTRIBUTED MOE FUNDS </div>			
EXPENDITURE CATEGORIES			
5. EXPENDITURES ON ASSISTANCE			
a. BASIC ASSISTANCE	\$	\$	
b. OTHER SUPPORTIVE SERVICES	\$	\$	
c. OTHER; detail please	\$	\$	
6. EXPENDITURES ON NON-ASSISTANCE			
a. WORK RELATED ACTIVITIES/EXPENSES	\$	\$	
1. WORK SUBSIDIES	\$	\$	
2. EDUCATION AND TRAINING	\$	\$	
3. OTHER WORK ACTIVITIES/EXPENSES	\$	\$	
b. TRANSPORTATION	\$	\$	
1. JOB ACCESS	\$	\$	
2. OTHER	\$	\$	
c. INDIVIDUAL DEVELOPMENT ACCOUNTS	\$	\$	
d. PREVENTION OF OUT-OF-WEDLOCK PREGNANCIES	\$	\$	
e. 2-PARENT FAMILY FORMATION AND MAINTENANCE	\$	\$	
f. ADMINISTRATION	\$	\$	
g. INFORMATION TECH. SYSTEMS	\$	\$	
h. OTHER - please list separately- add rows if needed:	\$	\$	
i.	\$	\$	
j.	\$	\$	
k.	\$	\$	
7. TOTAL STATE MOE & FEDERAL EXPENDITURES	\$	\$	
THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
SIGNATURE: AUTHORIZED TRIBAL OFFICIAL		TYPED NAME & TITLE OF PREPARER	
DATE SUBMITTED:	SUBMITTAL: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED		

TRIBAL TANF

Attachment

STATE OF WASHINGTON TRIBAL QUARTERLY REPORT

TRIBE'S NAME _____

CURRENT QUARTER ENDING DATE _____

CASELOAD COUNT FOR THIS QUARTER:

ALL CASES

MONTHLY CASE COUNT

UNDULICATED CASE COUNT

CHILD ONLY CASES

MONTHLY CASE COUNT

UNDULICATED CASE COUNT

SINGLE PARENT CASES

MONTHLY CASE COUNT

UNDULICATED CASE COUNT

TWO PARENT CASES

MONTHLY CASE COUNT

UNDULICATED CASE COUNT

MONTH OF QUARTER

1ST

2ND

3RD

STATE MOE FUNDING & EXPENDITURE DATA

FOR THIS CURRENT QUARTER:

STATE FUNDS TRANSFERRED TO TRIBE _____

STATE FUNDS EXPENDED BY TRIBE _____

SINCE INCEPTION OF THE CURRENT STATE TRIBAL AGREEMENT:

STATE FUNDS TRANSFERRED TO TRIBE _____

STATE FUNDS EXPENDED BY TRIBE _____

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION**MEASURES OF SUCCESS QUARTERLY REPORT**

MEASURES	FY-06 / 1st Qtr		
	Oct-05	Nov-05	Dec-05
Clients Leaving TANF Due to Earnings	#	#	#
Job Training WEX Rate	#	#	#
Work Participation Rate	%	%	%
Receiving Alternate Sources Assistance/Income	#	#	#
Receiving Incentive Awards	#	#	#
Leaving TANF Within Six (6) Months	#	#	#

MEASURES	FY-06 / 2nd Qtr		
	Jan-06	Feb-06	Mar-06
Clients Leaving TANF Due to Earnings	#	#	#
Job Training WEX Rate	#	#	#
Work Participation Rate	%	%	%
Receiving Alternate Sources Assistance/Income	#	#	#
Receiving Incentive Awards	#	#	#
Leaving TANF Within Six (6) Months	#	#	#

MEASURES	FY-06 / 3rd Qtr		
	Apr-06	May-06	Jun-06
Clients Leaving TANF Due to Earnings	#	#	#
Job Training WEX Rate	#	#	#
Work Participation Rate	%	%	%
Receiving Alternate Sources Assistance/Income	#	#	#
Receiving Incentive Awards	#	#	#
Leaving TANF Within Six (6) Months	#	#	#

MEASURES	FY-06 / 4th Qtr		
	Jul-06	Aug-06	Sep-06
Clients Leaving TANF Due to Earnings	#	#	#
Job Training WEX Rate	#	#	#
Work Participation Rate	%	%	%
Receiving Alternate Sources Assistance/Income	#	#	#
Receiving Incentive Awards	#	#	#
Leaving TANF Within Six (6) Months	#	#	#

REPORT

[illegible][illegible][illegible]

Contract Proposal Signature Sheet

Today's Date: 6/24/2005

Date Due: 6/24/2005

Allocated by what Funding Source: Federal
Served under what CBC Committee: Education & Employment Committee
What Fund Number (include Contract/Grant): 7280.

Tribal

State 7280. Acct.

FY: 2005-06

Company/Vendor Name: Department of Social & Health Services
Administering Program: Tribal TANF
Matching Dollars: 0.00

Dollar Amount: \$

Requires Additional Dollars: ☐ Yes ☐ No

Indirect Dollars Identified:

Summary of Contract content: The Education & Employment Committee to approve this memorandum of agreement between the State of Washington (State) and the Confederated Tribes of the Colville Reservation (Colville Tribes) to further develop and to strengthen their government-to-government relationship in the area of "Temporary Assistance for Needy Families" (TANF). The Colville Tribes' assumption of this program will promote and enhance tribal self-sufficiency.

REVIEW and APPROVAL

COS-318

New Contract/Grant/Subcontract/Consulting: XX

Contract Renewal:

Modification to Scope of Work:

Addendum to Contract/Subcontract

Program Manager and Date Required

Department Administrator and Approval Date Required

1) Contracting Officer and Approval Date

2) Reservation Attorney and Approval Date

3) TERO Representative and Approval Date

4) Executive Director or Designee and Approval Date

Indian Preference: ☐ Yes ☐ No C & U Plan: ☐ Yes ☐ No

Assessment Fee: EXEMPT

COMMENTS OR CONCERNS TO BE CLARIFIED PRIOR TO FURTHER PROCESSING

Addendum only - no cost. Requires Exec. Director signature only.

7/19 - Original to HQ for signature

Process a requisition for the full contract amount to commit the dollars. For payment you draw down on the same PO# for better tracking.

- Do not submit proposal for the Administrative Signature Review or Council Approval unless this form is completed.
- Required changes must be done prior to final signature submission.
- Sole Source Contract s requires detailed justification to be attached by program manager.
- Executive Director signing authority for routine contracts and litigation modifications \$30,000 (Res# 1998-863).
- Council Committee approval requires types recommendation sheet to be attached to original paperwork.
- Distribution: Original: Contract Officer Copy: Accounts Payable, Program and Contractor
- It is the responsibility of the submitting program to process the signature sheet for completion.

Council Committee:

Date

Action:

Original: Contracting Officer

Contract Proposal Signature Sheet
Revision 1, October 1, 2000

ORA LEGAL SERVICE REQUEST

Requesting Party: Sami Peasley

Telephone: _____ Ext: 2240

Request/Regarding: Contract Review

Date Required/Deadline: _____

RLS# AS-C-2005-178

Program/Entity: Administration

Date of Request: June 28, 2005

ORA INTERNAL USE ONLY

Date Received: 06/28/05

Assigned Attorney Rtt Tom (07/06/05)

COMMENTS/RECOMMENDATIONS:

Correctional Facility DIVCO \$8,926 see above

Tribal Health Programs Mid Valley Med Group \$7,200

Tribal TANF DSHS MOA _____

Tribal Health Program Tran Care \$18,000 _____

70k

Attorney Signature: 

Date: 7/8/05

Time Spent: 1.5 hr